

FRIENDS OF CJ FOR CONGRESS EXPLORATORY COMMITTEE

111 WEST WASHINGTON STREET
BELLEVILLE, ILLINOIS 62220

618 410-5152
618 235-8673(fax)
bob@votecj.com

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2015 APR 23 AM 8:10

Robert G. Jones

Licensed in Illinois & Missouri

April 15, 2015

Federal Election Commission
999 E. Street, N.W.,
Washington, D.C. 20463

**RE: FEC Form 1 Friends of CJ for Congress Exploratory Committee
Statement of Organization**

Dear Sir or Madam:

Enclosed please find for filing with the FEC, Form 1, for the "Friends of CJ for Congress Exploratory Committee." Please contact me with any questions, concerns or for any further information necessary for filing and processing this Statement of Organization.

Thanks for your anticipated cooperation in this regard.

Sincerely,



Robert G. Jones

(Enc.)

FEC
FORM 1

STATEMENT OF
ORGANIZATION

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Office Use Only

1. NAME OF
COMMITTEE (in full)

☐

(Check if name
is changed)

Example: If typing, type
over the lines.

12FE4M5

FRIENDS OF CJ FOR CONGRESS EXPLORATORY
COMMITTEE

ADDRESS (number and street)

111 WEST WASHINGTON STREET

☐

(Check if address
is changed)

BELLEVILLE

CITY ▲

IL

STATE ▲

62220

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

☐

(Check if address
is changed)

BOB@VOTECJ.COM

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

☐

(Check if address
is changed)

VOTECJ.COM

2. DATE

04

15

2015

3. FEC IDENTIFICATION NUMBER ►

C

4. IS THIS STATEMENT

☒

NEW (N)

OR

☐

AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer ANN M. BARNUM

Signature of Treasurer

A M Barnum

Date

04

15

2015

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109.
ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office
Use
Only

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 06/2012)

5. TYPE OF COMMITTEE

Candidate Committee:

- (a) ☒ This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) ☐ This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate

CHARLES J. BARICEVIC

Candidate Party Affiliation

DEM

Office Sought:

☒

House

☐

Senate

☐

President

State

IL

District

12

- (c) ☐ This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate

Party Committee:

- (d) ☐ This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party.

Political Action Committee (PAC):

- (e) ☐ This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
- | | | |
|--|--|---|
| <input type="checkbox"/> Corporation | <input type="checkbox"/> Corporation w/o Capital Stock | <input type="checkbox"/> Labor Organization |
| <input type="checkbox"/> Membership Organization | <input type="checkbox"/> Trade Association | <input type="checkbox"/> Cooperative |
- ☐ In addition, this committee is a Lobbyist/Registrant PAC.
- (f) ☐ This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)
- ☐ In addition, this committee is a Lobbyist/Registrant PAC.
- ☐ In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising Representative:

- (g) ☐ - This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h) ☐ This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

- | | | | |
|----|----------------------|---------------|------------------------|
| 1. | <input type="text"/> | FEC ID number | C <input type="text"/> |
| 2. | <input type="text"/> | FEC ID number | C <input type="text"/> |
| 3. | <input type="text"/> | FEC ID number | C <input type="text"/> |
| 4. | <input type="text"/> | FEC ID number | C <input type="text"/> |

Write or Type Committee Name

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

NONE

Mailing Address

CITY

STATE

ZIP CODE

Relationship: ☐ Connected Organization ☐ Affiliated Committee ☐ Joint Fundraising Representative ☐ Leadership PAC Sponsor

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name

Mailing Address

Title or Position

CITY

STATE

ZIP CODE

AGENT

Telephone number 618-410-5152

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name
of Treasurer

Mailing Address

Title or Position

TREASURER

Telephone number 618-616-5355

Full Name of
Designated
Agent

BRENT M. GAINES

Mailing Address

12 SOUTH SECOND STREET

BELLEVILLE

CITY

IL

STATE

62220

ZIP CODE

Title or Position

ASSISTANT TREASURER

Telephone number

618-235-8255

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

BANK OF BELLEVILLE

Mailing Address

720 WEST MAIN STREET

BELLEVILLE

CITY

IL

STATE

62220

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

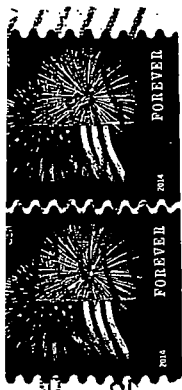
ZIP CODE

1421540

The Jones Law Firm, P.C.
111 West Washington Street
Belleville, IL 62220

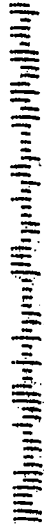
ST. LOUIS, MO 63101

15 APR 2015 PM 2




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Federal Election Commission
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<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
	Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
 PREPARER (3/2015)	4/23/15 DATE PREPARED